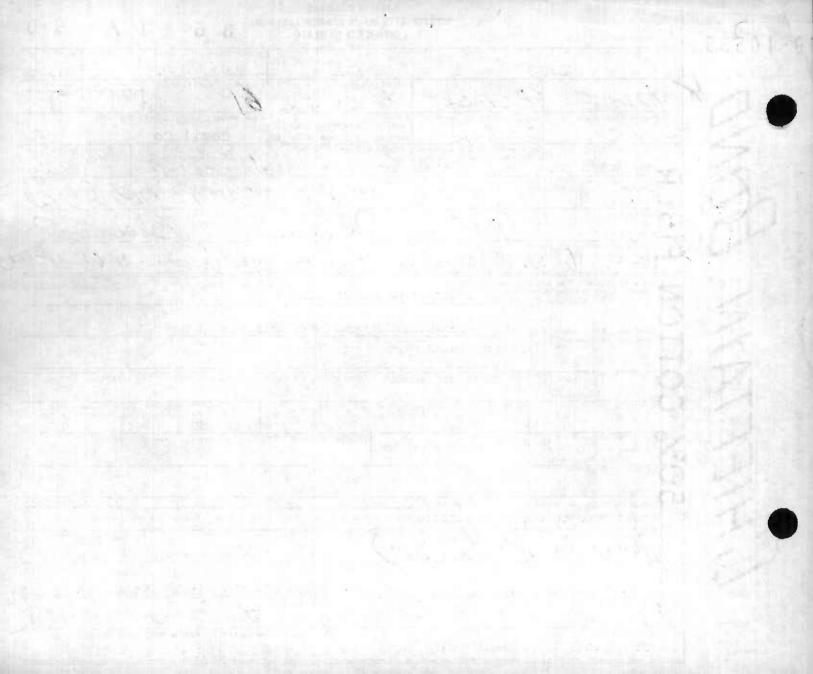
DHMH - 16-60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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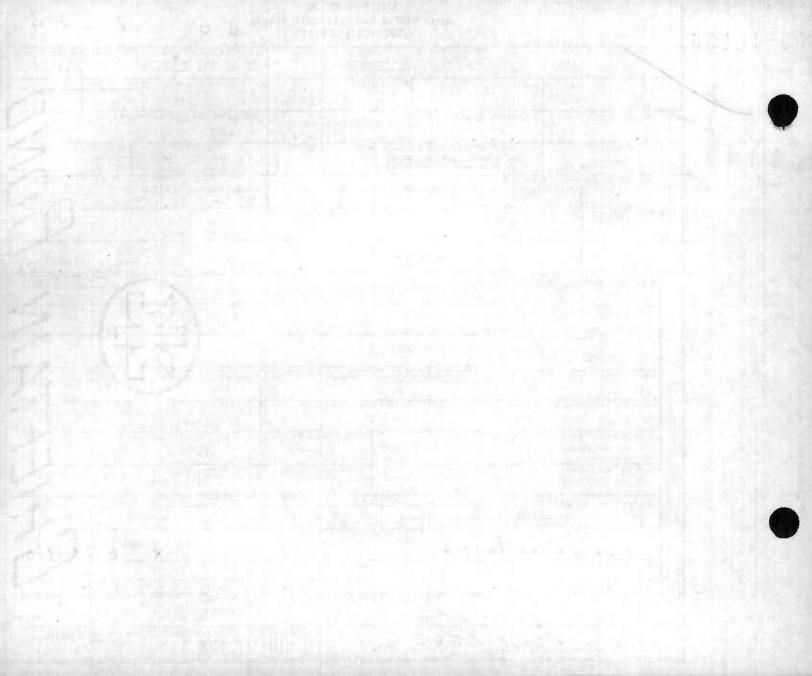
FOR 1 - STATE	DEPART		TH AND MENTAL HYGIE TE OF DEATH	NE 8 6	1	7 2	90		
REGISTRAR I. DECEASED NAME FIRST	AIDDI E	LAST		REG. 20. DATE OF DEATH		Y YEAR	2b. HOUR		
(TYPE OR PRINT)			of him had been been been						
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70. BIRTHPLACE (STATE OF FOREIGN	b. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	BALTIMORE CITY	OR COUNTY C	FDEATH			
Terace !	V.5, A	WIDOWED	DIVORCED D	Ceci	1 Co		M		
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		HER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR		
Perry Point, Md.	VA Medical C	Center	at the second	Moak Maak	LEGISTE)	INDUSTRY	2000		
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THER'S NAME FIRST M	allied allied	ge C	NOTHER'S MAJDEN NAMI	E MIDDLE	Bu	elai	el		
() WE BUT ASED EVER IN U.S. ARM	MED FORCES? 166. SOCIAL SEC WAR OR 145. 434-30-		yelton (Elris	RESS Te	3461	1-14 Bh		
18 CAUSE OF DEATH (Enter only	APPROXI	MATE INTERVAL							
PART I. DEATH WAS CAUSED	BY: Cardi	o-pulmor	ary arrest						
IMMEDIATE	DUE TO, OR AS A CONSECU								
Candidana di Sa 111									
Conditions, if ony, which gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF THE COURSE O									
cause (a), stating the underlying cause last									
	(c)								
PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT	RELATED TO THE TERMIN	VAL DISEASE OR CO	NDITION GIVE	V IN PART 110),		
Diabetes 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING									
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	20a AUTOPSY?		WERE FINDIN			
al L				YES NOX	YES		NO 🗆		
OR COLUMN THE CALLER OF BELL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T T OR PART 21			
OR CONTRIBUTING CAUSE OF DEAT	P.M.	19							
OR CONTRIBUTING CAUSE OF BEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR	TOWAL .	COUNTY	SIATE		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	, FARM ETC)	PINECI	CITTOR	OWN	CODINT	STATE		
	all attended the deceased from	January	3 19 86	to June	18 19	86 x	XXXXXXXX		
220-1 certify those) (this hospital) attended the deceased from <u>January 3</u> , 19 <u>86</u> , 10 <u>June 18</u> , 19 <u>86</u>									
77h SGNATURE	view the bady offer death	manufacture .			4010 0114 11001 0				
Man Killian	11.4	, PEGI	ATTENDING	MEDICAL ST	AFF	22c. DATE S	SIGNED		
gougeun.	11 Janua		PHYSICIAN [DIRECTOR PHYS		6-	20-86		
THE PHYSIGRAN'S NAME ITHEOR	PRICE	220	ADDRESS						
J. R. GARCIA	, M.D.		VA Medical (Center. Pe	erry Poi	nt. Mo			
230 BURTAL, CREMATION, REMOVAL		NAME OF CEME	ERY OR CREMATORY	234 JOCATION	1				
Mos Land	6-25-806	Min	and	of the contours	more	COUNTY L	Mila		
· · · · · · · · · · · · · · · · · · ·		1 00	Acres	Be seen a company	The State of the S				
24 FUNERAL DIRECTOR			// It's DATE	REC.D. BY WEGISTRA	elass pecustes	P'S SIGNATI	ipe		



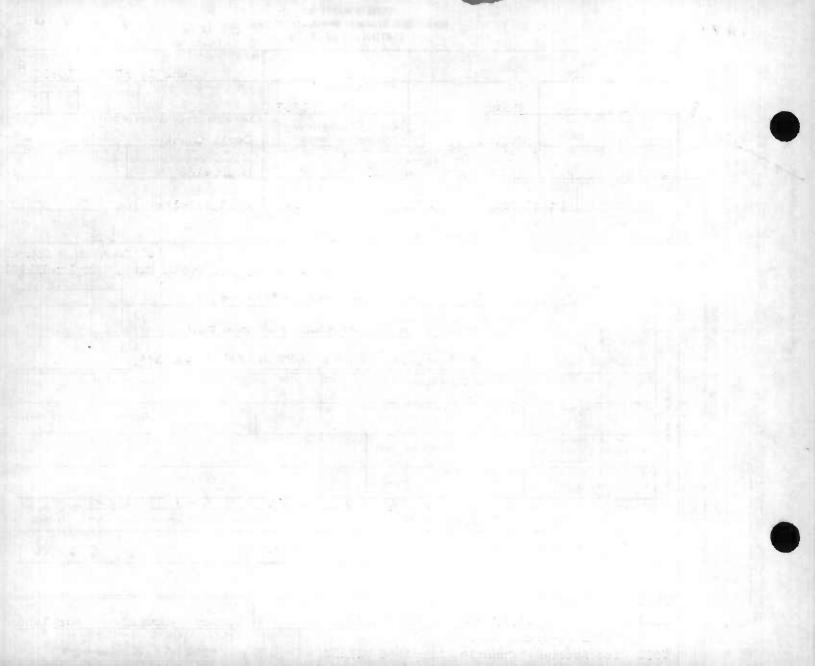
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ECEASED NAME 26. DATE KNOWN DE MONTH TYPE OR PRINT ESTI-1986 ames DEATH MATED AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE OF BIRTI 2d HOUR DATE PRONOUNCED DEAD A BRITHPLACE INTANCE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN-COUNTRY MARRIED NEVER MARRIED WIDOWED North Carolina U. S. A. DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY ONE STREET ADDET FOR MOST OF WORKING LIFET Charlestown 100 Charbon Lane 3 Vie Laborer Chemical USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Cecil Charlestown NO 2 100 Charbon Lane 21921 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Jesse A. Allen Effie Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 245 12 6566 Yes WWII Army Eileen G. Allen, Charlestown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ronic 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES [NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion death resulted from: Noturol causes Accident Suicide Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b DATE 6/4/86 Sapp Family Cemetery Creston, Ash BURTAT. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 MaHicks Home Elkton, Md. for Funerals, Helia Davidon Boodalle (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAN T. STATE REGISTRAN T. DECEASED NAME INSTITUTE OF HEALTH AND MENTAL HYGIENE REGISTRAN T. DECEASED NAME INSTITUTE OF HEALTH AND MENTAL PROCESS TO DATE OF BEATTY JUNE 1, 1986 10:30 P JUNE 1					STATE OF MARYLAND		7 0 0 3
Mary Ann Bearry June 1, 1986 10:30 M 35 EX BRADE AGE INTERNISED AGE	08743	1.	STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	1270
Second S				MIDDLE	1.457	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3 SEX 4. RACE 3 DATE OF BITTH 1 NATE OF HAIT 1	, page 3	1000		Ann	Bearry	June 1,	1986 10:30 M
Pemale White B 16 1897		3. SE		4. RACE		6. AGE IN YEARS LAST BIRTHDAY	
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Elkton Union Hospital Maryland Batimore Dundalk Housewife		10 C	ITY OR TOWN OF DEATH			120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
SUSUAL RESIDENCE (# MISSES GROWED CO OTHER INSTITUTION DOE STORMED STORMED STATE 18st CATTE 18st CONTY 18st CITY OR TOWN 18st	21	E	Lkton	Elkton Union H	Hospital		C) IIVDOSTKI
Maryland Baltimore Dundalk VES NAME IS MODIE MADDIE MADDIE	271	USU 13a	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN 1134 INSIDE CITY LIMITS?		44944
James Moole Last La	fin	9	17				Road 21222
James Woodhead Blizabeth Burley	19		ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 101 Conowingo Court 17. INFORMANT 17. INFORMANT ADDRESS 101 Conowingo Court 17. INFORMANT 17.	50	VJ.					
No 214-22-0744 Leroy D. Bearry North East, Maryland2190	9/1	160 \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SI			
18 CAUSE OF DEATH Enter only one cause per line for 10), (b), and ich part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101	2				2-0744 Leroy D. Bea		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to) CO D CESTUSE (TOWN FALLING) IMMEDIATE CAUSE to) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse tol; stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSTRUCTION DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSTRUCTION DUE TO TO THE TERMINAL DISEASE OR CONDITION DUE TO TO THE TERMINAL DISEASE OR CONDITION DUE TO TO THE TERMINAL DISEASE OR CONDITION DUE TO TO TO THE TERMINAL DISEASE OR CONDITION DUE	E		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause fail, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 100 DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (PS ETHER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. INCREMINATION OR CONTRIBUTING OR CONTRIBUTING OAUSE OF DEATH HOUR A.M. MONTH DAY YEAR AIT WORK IN HOUR A.M. MONTH DAY YEAR STREET, PACTORY OFFICE, FARM, ETC.) 210. I CERTIFY that (1) (this hospital) attended the deceased from Control of the Course of County of	Ven		PART I. DEATH WAS CAUS	ED BY: (A1) (An.		Lune	
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OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 22d. I certify that (1) (this hospital) attended the deceased from 2 - 7 , 19 2 , ta 2 - 19 2 , that (1) (we) lost saw the deceased alive on 2 - 19 2 , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. DEGREE 27d. DATE SIGNED 27d. DATE SIGNED 27d. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	njury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER/	WIN AL DISEASE OR CONDITION GIV	EN IN PART }(a
OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21d. LOCATION STREET CITY OR TOWN COUNTY STATE COUNTY STATE The saw the deceased alive on above, (1) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT		TIFICATI	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
22a. I certify that (1) (this hospital) attended the deceased fram 4-27, 19 86, ta 4 - 19 86, that (1) (we) last saw the deceased alive on abave. (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	: (A		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER MATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
saw the deceased alive on the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN		MEDI	WHILE NOT WHILE			CITY OR TOWN	COUNTY STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CA-2-86	W 61 7		saw the deceased alive o	n (e - /		death occurred an the date and have	indi (ii (we) lusi
	<u></u>		Julinda.	Carone	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1
22. BURIAL CREMATION REMOVAL TOD DAYS			(SPECIFY)			CITY OR TOWN	COUNTY STATE
D 1 2 C/F /3 00C 1 1/ 3 1 2	-						
Burial 6/5/1986 Meadowridge 136 Doctary County State Doctary Dorsey Howard Maryland	/82			. Hopke.	55	IN MEGISTRANION REGIST	RAR S SIGNATURE
Burial 6/5/1986 Meadowridge Dorsey Howard Maryland 1/82 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 1/82 ADDRESS 1/85 DATE 1/85		1	922 Wise Avenue	Dundalk, Ma:	ryland 21222	ING THE SWEET	Service of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR PHIN OR HIS Irvin 6, 1986 E. Best June 1. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5. DATE OF BIRTH YEAR Male White 12 91 THE PRESENTE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Trade City, PA USA WIDOWED Cecil 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rising Sun, Md. Clavert Manor Nursing Home Sales Clerk HOUSE HOLD PRODUCTS AL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Cecil Rising Sun 424 Biggs Highway A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE William Best. Rachae] Burley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR HINKNOWN) LIF YES, GIVE WAR OR DATEST 214-20-9434 Mary Kearns 424 Biggs Highway, Rising Sun, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT COMMITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 200 AUTOPSY? THE COMMITTION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIS 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (our) opinian death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT Dr. Neil Taylor Walnut Street, Rising Sun, Md. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BENZER CEMETING DHMH - 16 60M 7/84 (VRA 15, 4)

1971 II Land Committee and the sound that the sound in 1971 The state of the s Name of the state Elice of the April of the Contract and the Addition for the Commercial tauns the second Later Ton 11 the same and the same and the Later of the Third for the Constitute Constitute Constitute of the and the second s

23 STAME OF EMBURY OR COMPONY TO BY WCATION June27.1986 KKKKKKKK 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Thompson Funeral Home Middletown, Md.

STATE OF MARYLAND

2h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

home

IF UNDER 24 HRS

IF UNDER I YEAR

OWN

YES [

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

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saw the deceased live an abave, (1) we (did) did nat

22d. PHYSICIAN'S NAME (TYPE OF PRINT

230. BORIAL, CREMATION, REMOVAL

Fremation

24 FUNERAL DIRECTOR

226. SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased fram

Joseph G. Lanzi.

23b. DATE

6-18-86

FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENS 6	10.	7 2	9 8
I. DECEASED NAME (TYPE OR PRINT)	Gen	evieve	F.		okey	June 17,	1981	DAY YEAR	26. HOUR 1:00 P.
Female		4 RACE Wh:	ite	5. DATE C	\$ 19°, 19°0°1	6 AGE (IN YEARS LAST B	IRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
o BIRTHPLACE (STATE ORFO			U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY		Y OF DEATH	MD.
Elkton	TH		OSPITAL, NURSIN		DR OTHER INSTITUTION	120. USUAL OCCUPA			eacher
USUAL RESIDENCE (IF NURSI	13b COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Marisa	Estreet	101
FATHER'S NAME FIRST Dr. 160 WAS DECEASED EVER I (YES, NO OR UNIKNOWN) n O	IN U.S. AR	MIDDLE ELLSWOOM MED FORCES? (E WAR OR DATES)	cth Hinn 166 SOCIAL SECU 216-30-	RITY NO.	15. MOTHER'S MAIDEN NAME FIRST Etta 17. INFORMANT Anne F. Wi	ME Cori	RESS E	lkton, ain Str	rice Md. reet.
Canditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last	D BY: TE CAUSE (a) DUE TO, OF (b) DUE TO, OF (c)	AS A CONSEQUE	NCE OFF	Desqual we Heart cervia	Tousant - CV1	nes CA	0	WATE INTERVAL ONSET AND DEATH

_, and that in my) (aur) apinian death accurred an the date and have and from the causes stated

721 Bridge Street, Elkton Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

_, that (I) (we) last

22c. DATE SIGNED 6-17-86

West Chester Chester, Pa.

PART I. DEATH WAS CAUSED E	Y: (AUSE (a) (ea lie	Despural	long les	rest Between Onset and Death
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF A		Failure T	-CAD
PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NOTE:	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR		
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TO	WN COUNTY STATE

DEGREE

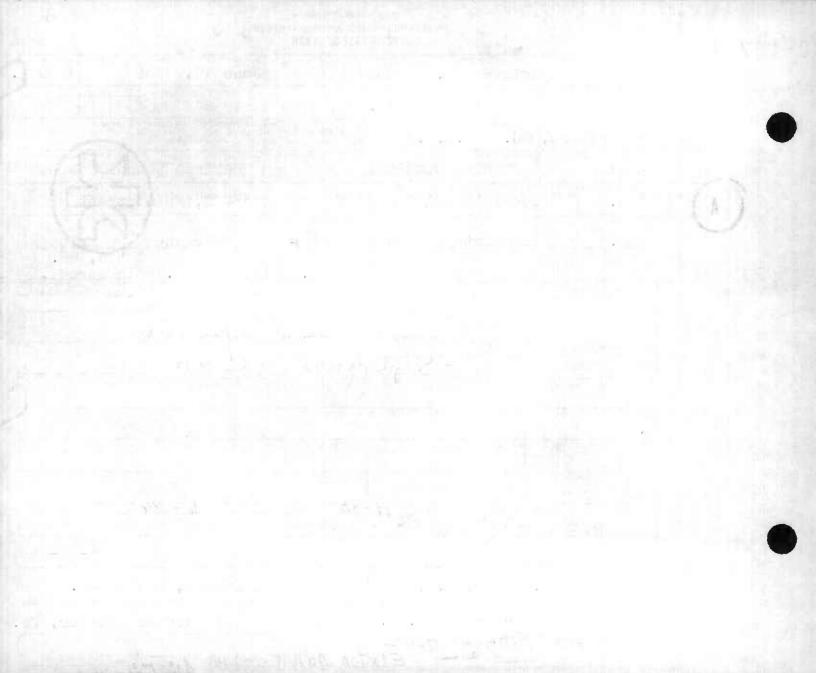
22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

R. A. Home

Ferris

DHMH - 16 60M 7/84 (VRA 15, 4)



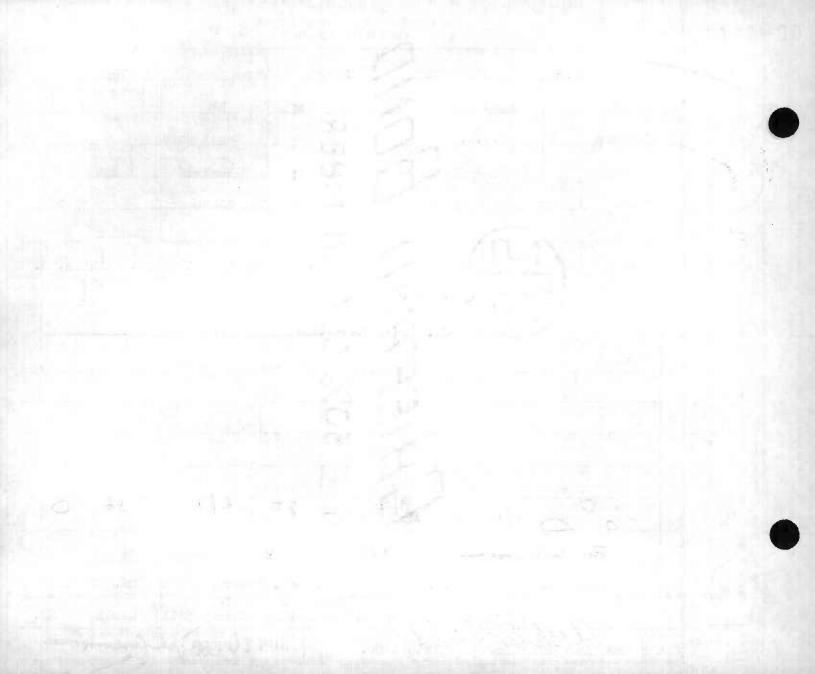
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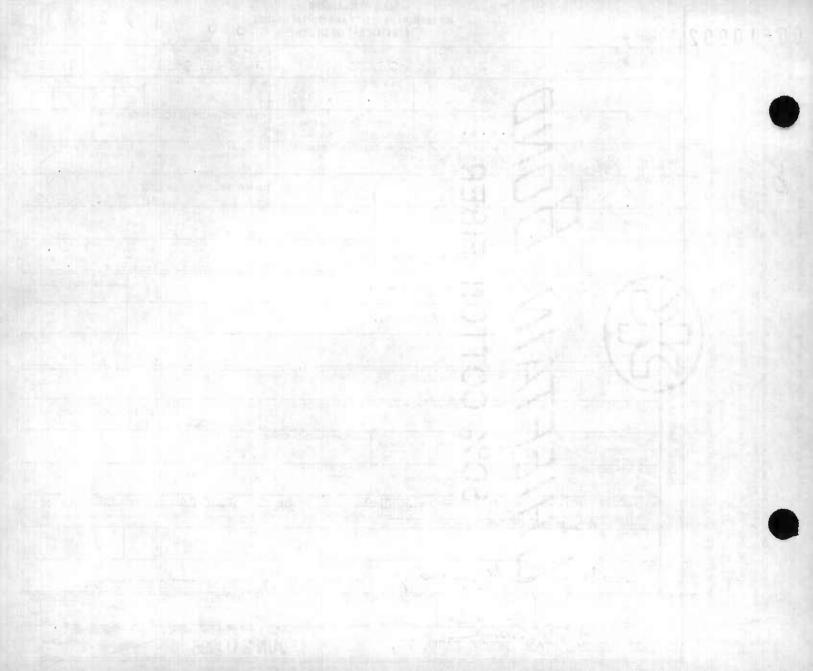
STATE OF MARYLAND	RYLAND
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1729

	FOR STATE REGISTRAR			DEPART		ICATE OF DE		ENE 8	6 REG. NO	1	7	2	9	9
	1. DECEASED NAME	FIRST		MIDDLE	1	AST		2a. DATE OF	DEATH A	HINON	DAY	YEAR	26 HOL	JR
		MARY		LIZABETH		CROUS		June	4		198			М
	3. SEX		4 RACE		S. DATE C		YEAR	& AGE (IN YE	ARS LAST BIRTH		MONTHS	DAYS	IF UNDER	MIN.
	Female	23.67	White		July		1928	5	7	YRS				
Ĺ	To. BIRTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	RRIED -	9. BALTIMOR	RE CITY OF	COUNTY	OF DE	HTA		
2	Virginia		U.S	S.A.	WIDOWE		RCED	Cec	il Co	unty				MD.
/	10 CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL C			12b. K	(IND OF	BUSIN	ESS OR
	Elkton			Hospital		ecil Cou	nty		ekeep			ruck	cing	
/	USUAL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFOR		113d INSIDE CIT	LIMITS?	13e.STREET A	DDDESS /	ZIP CODE		151		
3	Maryland	Cec		Elkto				792 B1				2	192	
Ā	14 FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S	AAIDEN NAM				1170			
	IVAN	,	MIDDLE	HASH		HAZE	L L		WIDDLE	KI	ENNE	DY LAST		
1	160 WAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMAN	T		ADDRES					
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	E C	DATE OF OPERATION			ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE F IN CERTIFYING CA			AUSES	OF DEAT	TH?	
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	de	- 200	L Her	-	之	ID ATT	ENDING X	MEDICAL	STAFF	AN \square				
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9	Jui-Chi	n Hsu,		M.D.		223 W.	Main	Street	, Elk	ton,	Md.	21	921	
	23a. BURIAL, CREMATION	REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCA						
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-	24 FUNERAL DIRECTOR	EPAI	16,	Liches			25a DATE	REC'D BY RE	GISTRAR 2	Sh REGIST	RAR'S SI	GNATU	IRE	200
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DHMH - 16 60M 7/84 (VRA 15, 4)





FOR

4023 E. Baker Ave MIDDLE LAST Panama City, Fla. 32404 Mrs. Gertrude Lav. 3324 S. Harbour Circle APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 221 DATE SIGNED MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 33d LOCATION Cremation West Chester Chester P 24 FUNERAL DIRECTOR (VRA 15, 4) Foard Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

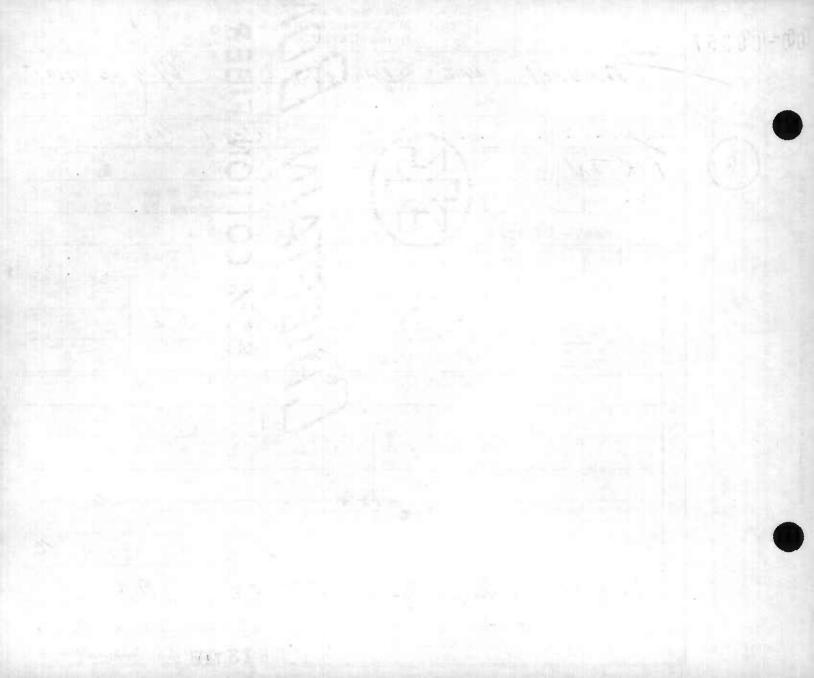
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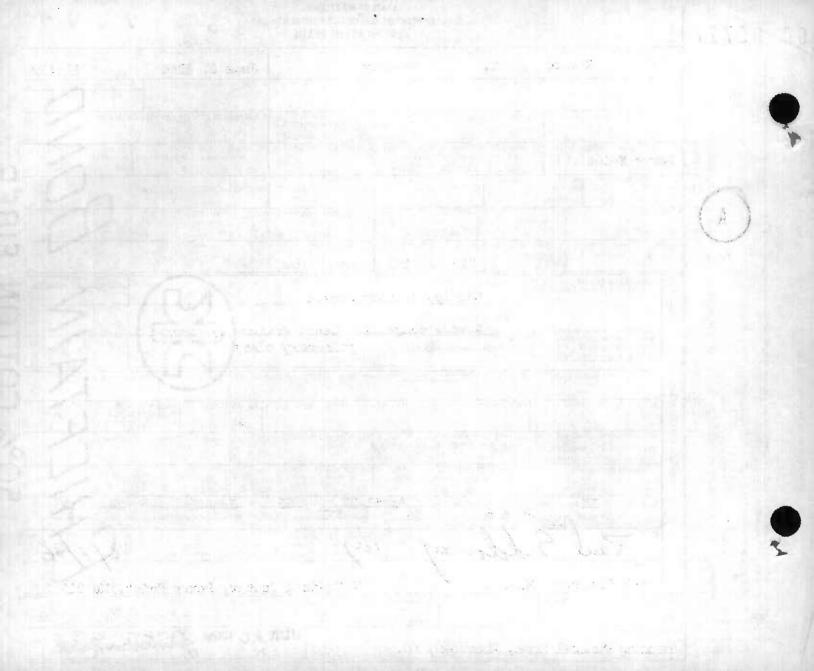
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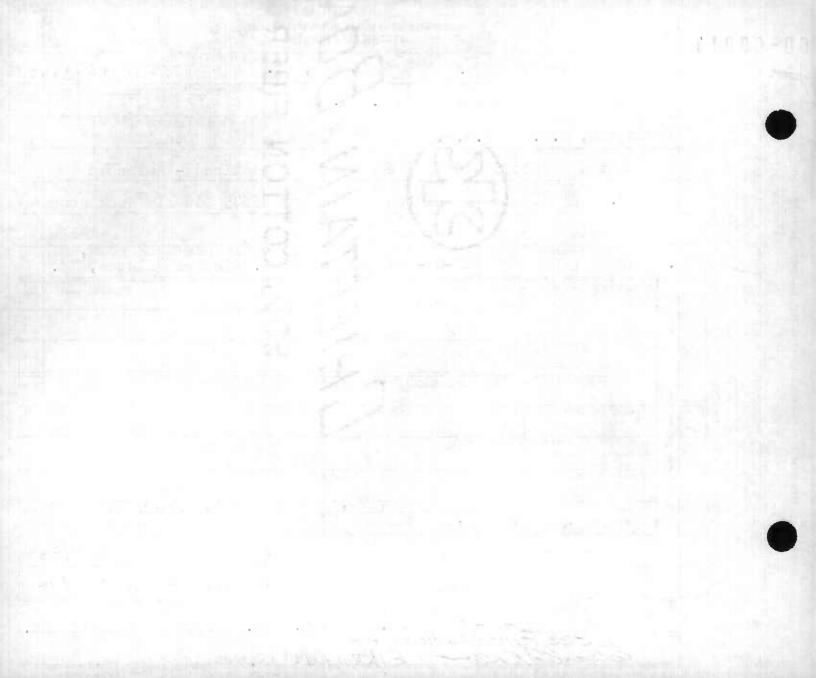
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		REGISTRAR CERTIFICATE OF DEATH REG. NO.
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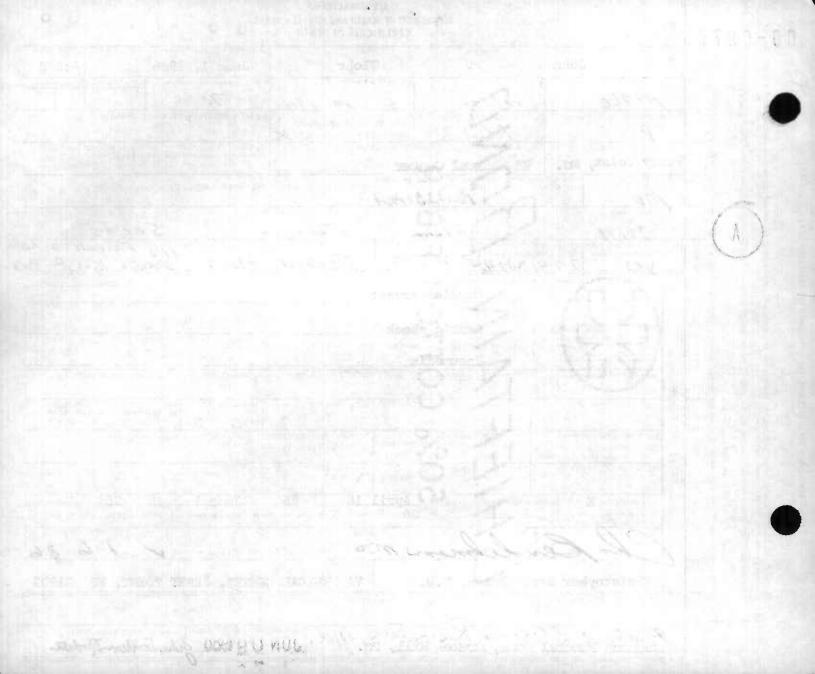
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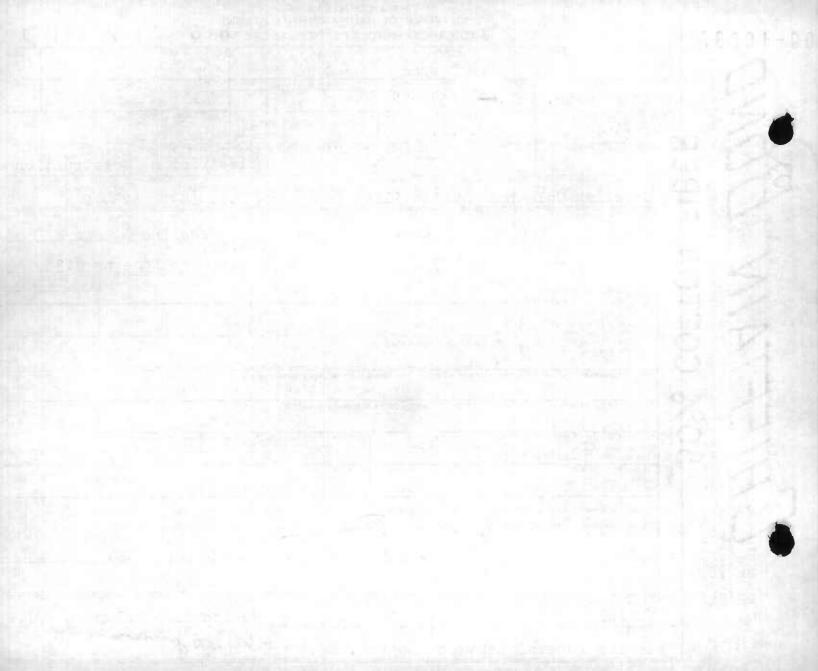


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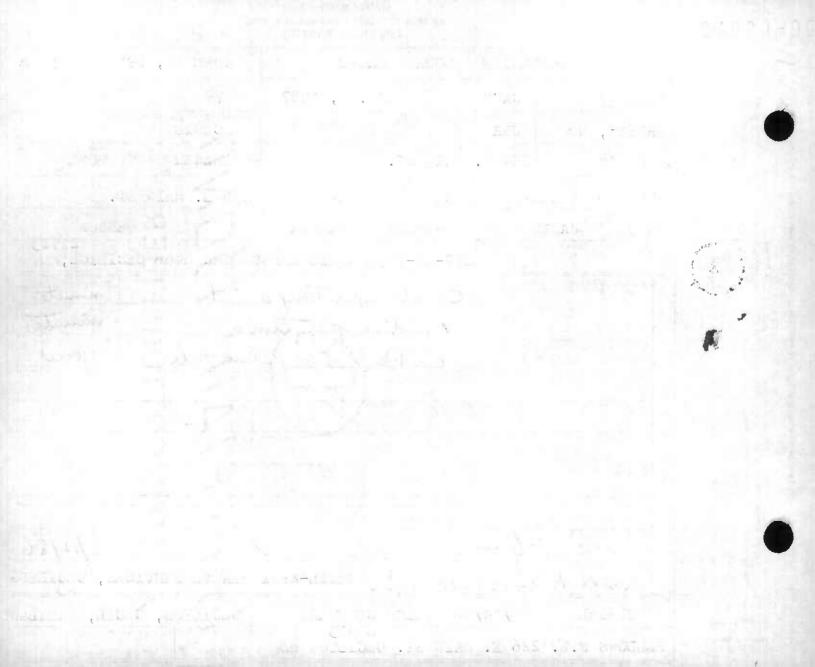
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of a chending physician. Ifter this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be free than Amenia Hygene prior to burial, cremation, or remaval. orked or Item 18 slows any injury, or other traumotic event, the medical examples must be no orked or Item 18 shows any injury, or other traumotic event, the medical examples must be no orked or Item.		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR A	AS A CONSEQUE	vcE OF	's Disease		DIVENTE OR CONT		V.F.A. P. L. P. A. P. L.	
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ITAL OR by the ho RAL DIRE detoche store Dep		226 SIGNATURE michael	Dela	hunt	m	ATTENDIN PHYSICIA		EDICAL STAP		6-1	2-86
TO HOSP retained to TO FUNE should be with the S		MICHAEL V.	DELAHUNT,			VAMC, Per			yland		
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DHMH - 16 60M 7/84 (VRA 15, 4)	001-	tterson Funera	Home. P	ADDRESS	e Ma		30	D. BY REGISTRAR	DB. REGIS	TRAR'S SIGNAT	

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	FILE	3 SEX	4 RACE	S DATE 22.	6. AGE (IN YE			24 HRS. 2c. DATE MIN. PRONOUNCED		DAY YEAR	2d HOUR
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH 1. DECEASED NAME 2h HQUR (TYPE OR PRINT) MARGUERITE HAGUE JUNE 11. 1986 LORA AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 5. DATE OF BIRTH 4 PAY 1907 CAUC FEMALE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED MASSEY, MD CECTL IISA DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OF TOWN OF DEATH 12g. USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY H USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? CECIL MARYLAND 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME SAMUET MIDDLE MARTHA BENSON ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) BENSON daughter CECILTON. MD 219-20-7035 DORIS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIVISION OF VITAL RECORDS, NO 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR FOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an. , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF should be deta with the State [IMPORTANT: H PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR 22e. ADDRESS HEALTH SERVICES. ROBERT A. DENITZIO 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE SPECIFBURIAL CECILITON, CECIL, CEMETERY 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 FELLOWS F. H. 226 E. MAIN ST. (VRA 15, 4)



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DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR HICKS Home for Funerals Popular Elkton, Md.

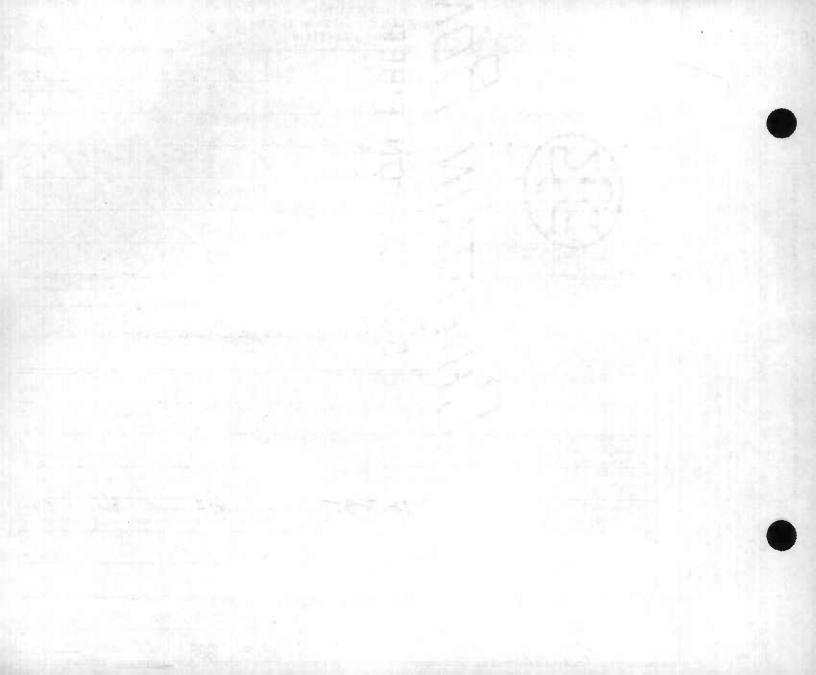
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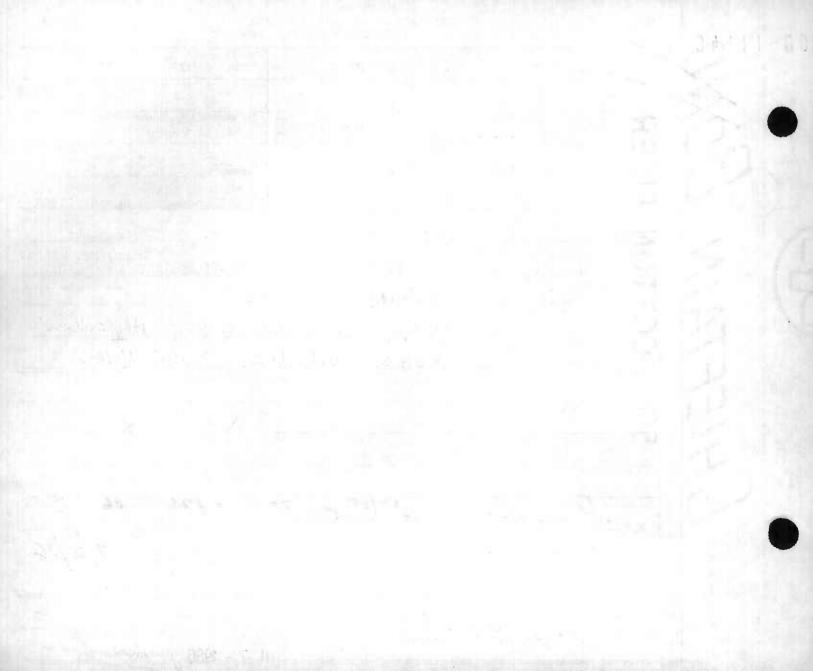
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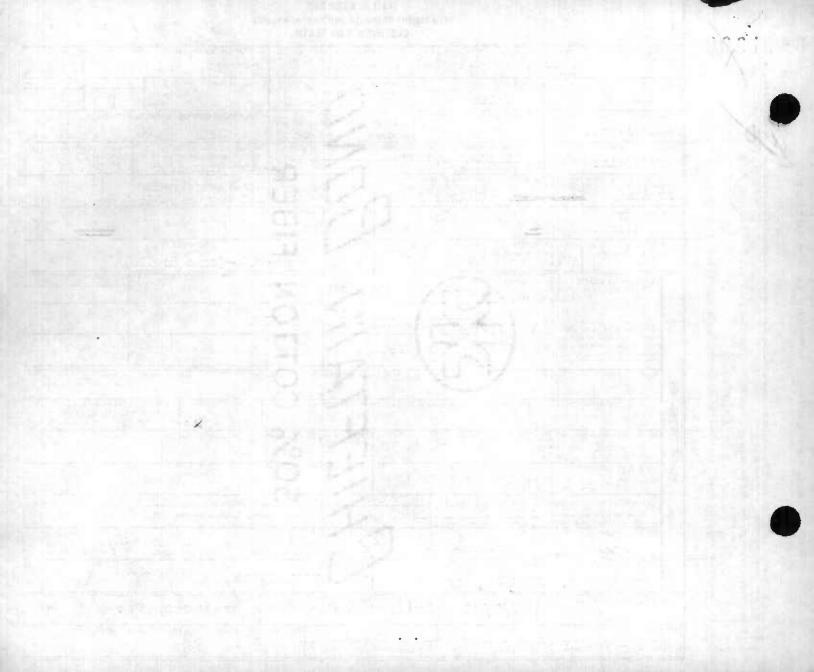
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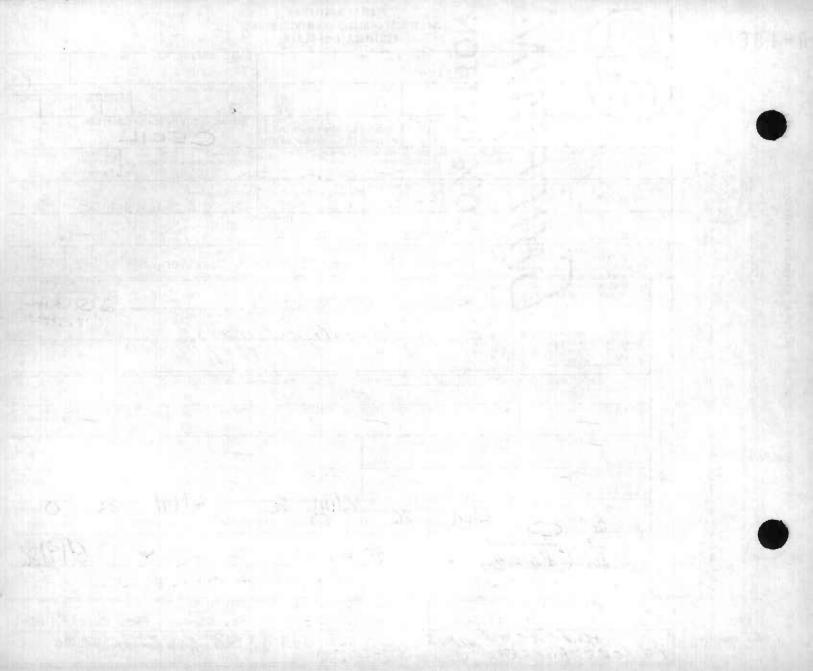
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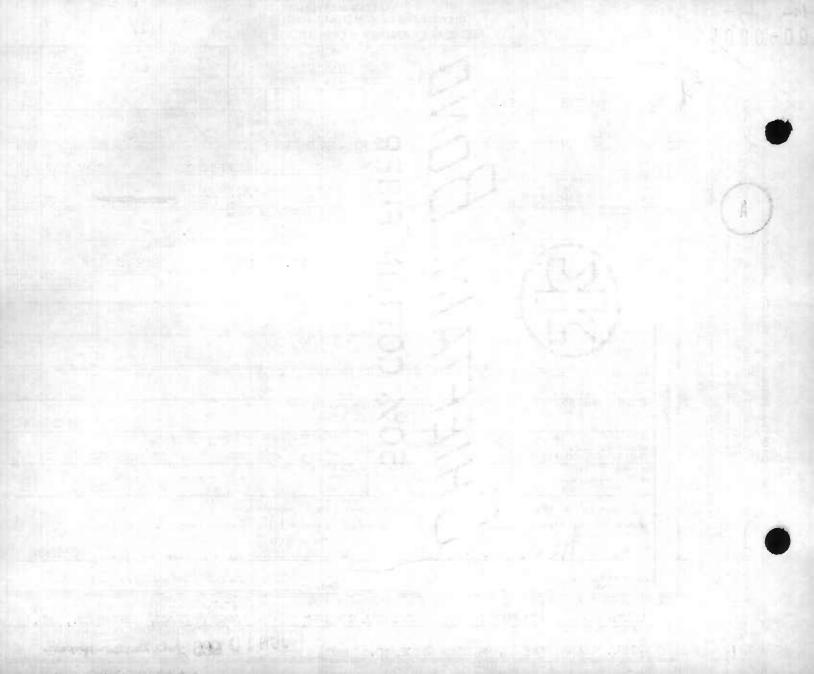
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1255 86 06 16 Miller M. Anna 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS White MONTH DAY YEAR DAYS HOURS Female 09 97 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. ECIL Del WIDOWED 17 DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hospital of Cecil Co E.R. Elkton, Md 21921 retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Warwick Cecil NOF 1203 Old Telegraph Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Burris Walter S. Burris Clara ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 222-32-9635 Evan Miller son Cecilton, Md 275-8203 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Generalised Arteriosclerosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Cechexia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO M 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 36 saw the deceased plive and that in (my) our) opinion death occurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d PHESICHAND NAME IN COMME 22e ADDRESS Dr. Peter Stavrakis 106 Singerly Ave Elkton, Md 21921 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 6/19/86 St. Georges (New Castle) Dela. Burial St. Georges Cemetery DHMH - 16 50M 7/77 Chesapeake City, MD (VR A 15 (4))



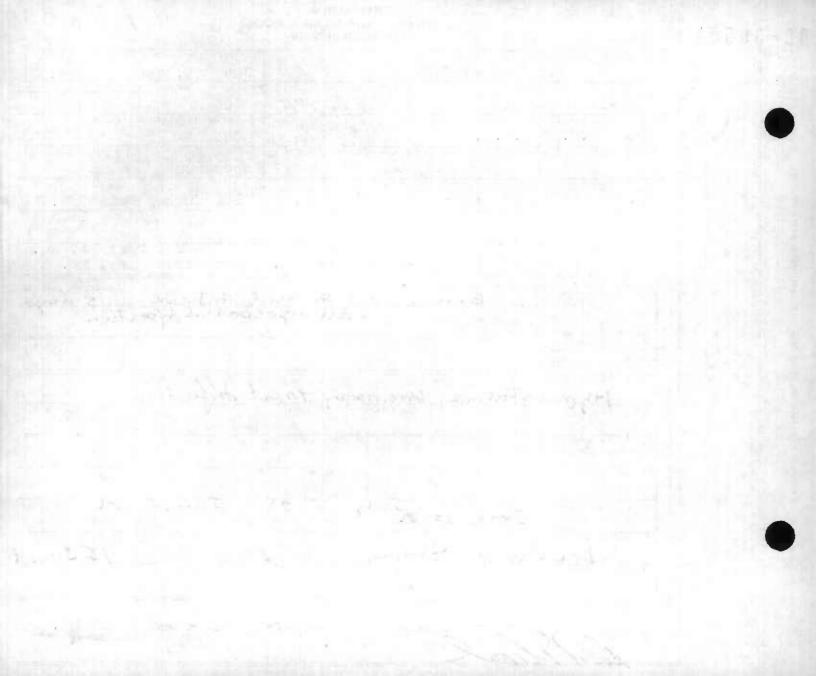
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PITAL OR ATTENDIN by the hospirol or or EAL DIRECTOR: Aft edetoched for use or Store Dept. of Health ANT: If Item 21 is mon		27a. I certify that (1) saw the decease obove, (1) (we) (d 27b. SIGNATURE 27d. PHYSICIAN'S NA	(this hospied alive and	ti view the body	1510	36	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL	ed on the dote ar	220		
Of Of State of Management of M	23a I	Burial, cremation, i Specify Burial	REMOVAL	Elb. DATE		NAME OF (EMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN	COUNT		STATE
BP		Burial		6-19-	-86 E	benez	er Cemeter	v Ri	sing Su	n Cec	il M	d

ome Worth East, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIERE REGISTAR 1. STATE REGISTAR 1. DECEASED NAME 1. INST. 1. DEATH WAS CAUSED BY: 1. INST. 1. I
DECEASED NAME 1951 MIDDLE 1AST 20 DATE OF DEATH MONTH DAY TEAR 21 HOUR OF SET 1 MONTHS DAY TEAR 21 HOURS AND MONTHS DAY THE MONTHS
3. SEX 4. RACE 5. DATE OF BIRTH DAY TEAR 10 MORE 1 VEAR 10 MORE 24 HES.
The BIRTHPLACE LISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? The Direction of the Country of Days The Citizen of What country?
MARRIED NEVER MARRIED OF COUNTY MD. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 110. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 111. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 112. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 113. STATE 113.
110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 1120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CIVE PESIDENCE BEFORE ADMISSION) 1130. STATE 1130. COUNTY 1131. COUNTY 1131. COUNTY 1131. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 1130. STATE 1130. COUNTY 1131. INSIDE CITY LIMITS? 1130. INSIDE CITY LIMITS? 1141. FATHER'S NAME 115. MOTHER'S MAIDEN NAME 1160. WAS DECEASED EVER IN U.S. ARMED FORCES? (TYES, NO JAMINOWN) 1160. WAS DECEASED EVER IN U.S. ARMED FORCES? (TYES, ON JAMINOWN) 117. INFORMANT 118. CAUSE OF DEATH IENTER ONLY ON COUSE PER line for (0), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 118. CAUSE OF DEATH IENTER ONLY ON COUSE PART IN DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 119. CITY OR TOWN 119. INFORMANT 119. INFORMA
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14 FATHER'S NAME 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST HAVE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NOTHER'S MAIDEN NAME FIRST HAVE MODRE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NOTHER'S MAIDEN NAME FIRST HAVE MODRE 16 MODRE 16 MODRE 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) MAIL S MAIL
WILLIAM MOORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2 1918 (VES. NO SPARKNOWN) (16 YES GIVE WAR OR DATES) 18 CAUSE OF DEATH LENter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONDITIONS PINARY ANS A MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY. MILLIAM MOORE 18 CAUSE OF DEATH WAS CAUSED BY
(YES, NO TANKNOWN) [IF YES, GIVE WAR OR DATES] JAMES E. MOORE 146 Old Mill Rd. CANOWINGO, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSE DEV. IMMEDIATE CAUSE (a) CONDICRESPINABLY ANEST MARCIST
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIORESPINARY MIXITS
IMMEDIATE CAUSE (a) CHILD/IACO FILORIA 9 /40101/ MILARY
DUE TO, OR AS A CONSEQUENCE OF
ENNISARATE & HAIN CLANATE MILLER
Conditions, if any, which gave rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF
underlying couse lost DUE TO, OR AS A CONSEQUENCE OF ASPIMATION PREGNANT WECKS.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 12b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 12b. 12b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
YES NO YES NO THE NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
TO THE TAX
21d INJURY OCCURRED 21e PLACE OF INJURY (at home street factory, office farm, etc.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
AT WORK AT WORK 270.1 certify that (1) (this hospital) attended/the deceased from 1918, 1988, to 6/5, 1981, that (1) (we) lost
saw the deceased alive an
DEGREE DEGREE ATTENDING MEDICAL STAFF M. DATE SIGNED/
PHYSICIAN DIRECTOR PHYSICIAN
LINWOOD ISMUS, MD 721 BRIDE STATE FIXED MD 21921
230 BURIAL, COMMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF CHARLES CHARLES
16 60M 7/84 24 FUNE ALD DRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
(15.4) K. T. Frank Kising Dun, Mrs 21911 JUN 1 6 1086

1. 1. Tales 11 25 from the time the state of

NO 219-10-5847 Evelyn Daugherty Abbottstown, Pa. 17301

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTE EUZHBETH EU. QUIGLE 1000 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Female White Sept 190 BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Phila. Pa WIDOWEDY DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Union Hospital Accountant nd USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md North East Cecil Elk Side YES T Farm 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Elizabeth Ricards WVLie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Elk Side Farm HEYES, GIVE WAR OR DATES) LYES NO OR LINKNOWN No Elizabeth 161-03-5 Quigley North East. Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) TOCAMBLAR 110 FARETION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ANTENIO SCIENOTIC CAROLOUASCOUTE DES. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOCK YES T NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC 1 STATE WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased plive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MPORT shoul with Burial

FOR

23c. NAME OF CEMETERY OR CREMATORY

East Meth 24 FUNERAL DIRECTOR Marouch Funeral Home North East, Md

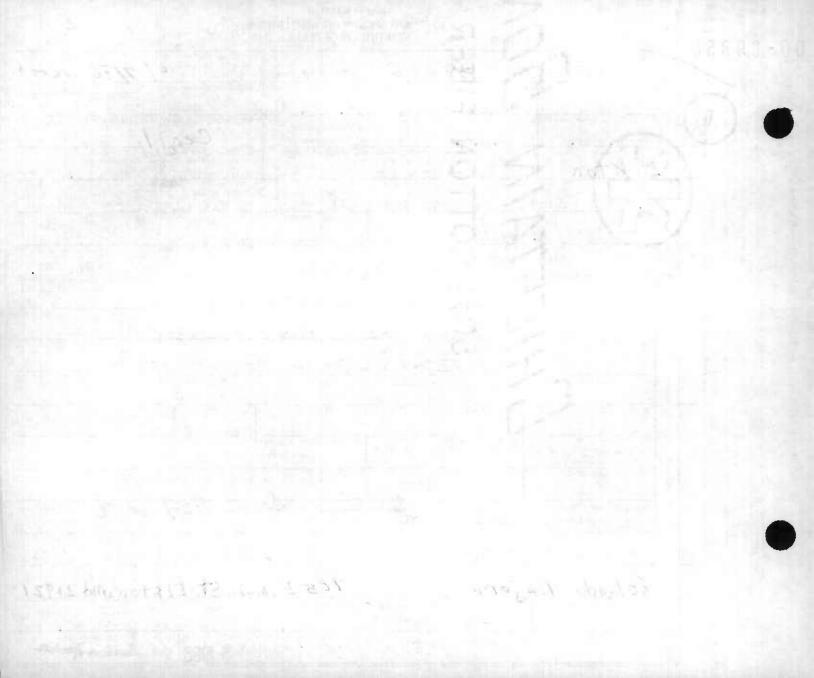
East Cecil

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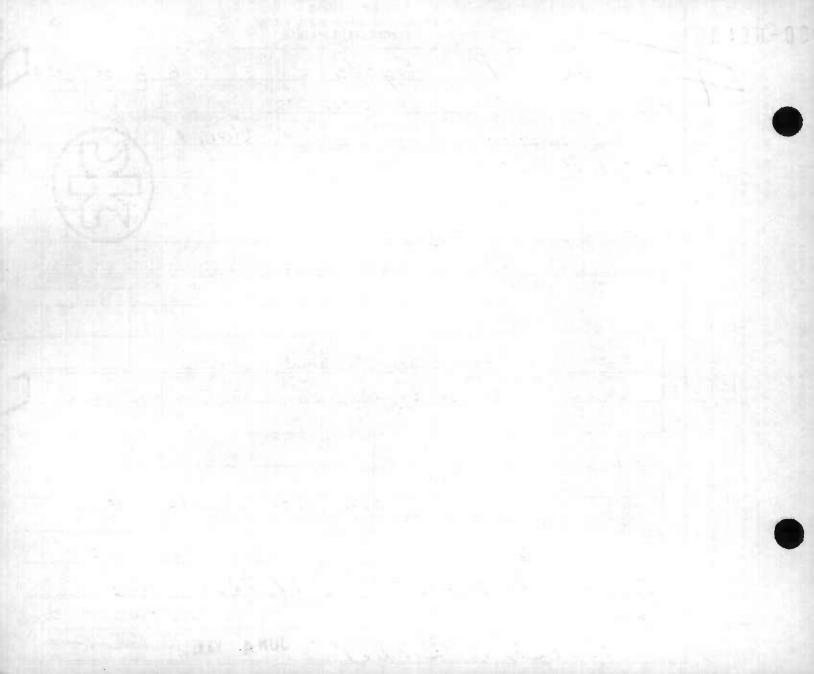


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2	. 0 0 0	151	REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE O	PDEATH RE	G. NO.		
1			CEASED NAME	FIRST		MIDDLE	= 35	LAST	20. DATE KNOW	NOM THOM	DAY YEAR	2b HOUR
1	ES. SE.			James		Н.	Re	ynolds	DEATH MATE	D 0 6/	13/19 86	M
3	LAY IS NECESSARY, PLEASE O THE FUNERAL DIRECTOR. PAGE A FOR YOUR FILES. RELIED, WITHIN 72 HOURS AND WERSTON STREET,	3 SEX		hite	Nov. 21,	YEAR LAST BIRTH	YEARS IF U		24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH 6/	13/ ₁₉ 86	10:56
	AL DAL SAR	Man.	RTHPLACE (STATE			HAT COUNTRY?	18		_ 9 BALTIMORE C	ITY OR COUN		I P M
	NECES WITH THE PRESENT OF THE PRESEN		Maryland			S.A.	WIDO		Cecil (County,		MD
	PAGE PAGE	10 CI	TY OR TOWN OF DELIK TO		(IF NOT IN SUCH FA	SPITAL, NURSING HO/ ACILITY, GIVE STREET ADDRESS OSPITAL OF	5)		FOR MOST OF WORKING LIF	(TYPE OF WORK	OR INDUST	JSINESS RY
=	DELA STORES		L RESIDENCE (IF IN	NURSING HOME OF	ROTHER INSTITUTION, G	WE RESIDENCE BEFORE ADMIS	SSION)		1		219	11
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RE, MD	E-398 //	VE.F	Wallace	2	MIDDLE	Reyno	lds	is MOTHER'S MAIDE	AAADD1 E		Corne	er
ALTIMORE	SAFTER DESCRIPTION OF PAGES LAW	Ióa. V	VAS DECEASED EV	ER IN U.S. ARM		166. SOCIAL SECUR		17 INFORMANT		DRESS		
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ST., 8	# W \$ L D		18 CAUSE OF DE PART I DEATH	WAS CAUSED	BY:	e far (o), (b), ond (c).)	Mul+i	ple Injurie	oc .		APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
NO	24 H LICAN LICAN LICAN CGIER OVAL	7	9141	IMMEDIAT	E CAUSE (a)	AS A CONSEQUENCE		pie injurie	.5			-
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× .	D BE EXECUTED WITHIN 24 HOU ENDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI AS A BURIAL - TRANSIT PERMI ASTITH AND MENTAL HYGIENE, CREMATION, OR REMOVAL		cause (a) stat	ing the <u>under</u>	DUE TO, OR	AS A CONSEQUENCE	E OF			P. Commission		
201	EXA SAL ON,		lying cause lo	ist.	(c)							
DS	AAN BESCH		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEA	E OR CONDITION GIVEN IN PA	RT 1 to s.			
RECORDS	D BE EXECTED BY BE BUT AN AND AN	ON										
	WWER: THIS CERTIFICATE SHOULD BE EXER IFICATE, WRITING THE WORD."PENDING'S FORWARDED TO THE CHIEF MEDICAL CTOR: PAGE 3 SHOULD BE USED AS A BULT THE STATE DEPARTMENT OF HEALTH AN (LAND) 21201 PRIOR TO BURIAL, CREMATICAND	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH OP	ERATION V	AS PERFORMED?			20 AUTOPSY	?
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DIVISION OF	S HE SEE	I CE	UNDERLYING	OR		MONTH DAY YE	AR		D (ENTER NATURE OF INJURY IN I			
O.S.	PAR TO	MEDICAL	CONTRIBUTING [6/ 13/19 DE INJURY (ATHOME.		bject pedes	strian struck	by au	to	4 1:1
N.	SCE 3 SCE DE L'ALLE DE L'A	ME	WHILE AT WORK	OT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	CC	YTAUC	STATE
	PAGE 2212	9	AT WORK AT	WORK -	hi.g	hway	Rt		222, Cecil Co	ounty, I	Md.	
	SHE SALE		22a I certify th	ot I took charge	e of the remains de	cribed obove, held an	Autor	sy XX Inspection	Inquiry .	ond in my a	pinion	
	EXAMINER: CERTIFICATE UID BE FOR I, WHELTHE? MARKYLAND		deoth resulted fr	om. Nature	al causes 🔲 , 🔃	Accident XX	Suicide	, Homicide	Undetermined manner	□ ,		
	A SECOND		ACTUAL	NIC	un 15. 1	Do Chan	0	TITLE (SPECIFY)		DATE		
	SHAN THE WAY		SIGNATURE	Ju	when I	the Jake	^	Assistant	MEDICAL EXAMINER	SIGN	ED 6/14/	86
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WHE THE BACKIMORE, MARKICHOR		EXAMINER'S NAM (TYPE OR PRINT)	Mai	rgarita A	. Korell,	M.D.	ADDRESS 1.1	1 Penn St.			
	OXA OF A	23a. BI	URIAL, CREMATION			23c. NAME OF C			23d. LOCATION	. cou	INTY ST	TATE
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25M	DHMH 17 (24. FJ	UNERAL DIRECTOR		AD RESS		A.	250. DATE F	EC'D. BY REGISTRAR 25b	REGISTRAR'S	SIGNATURE	
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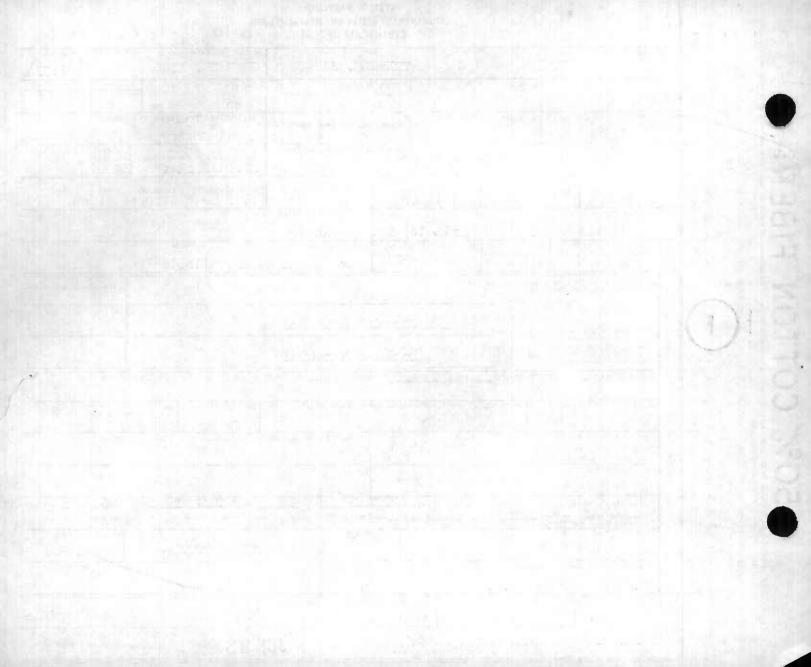
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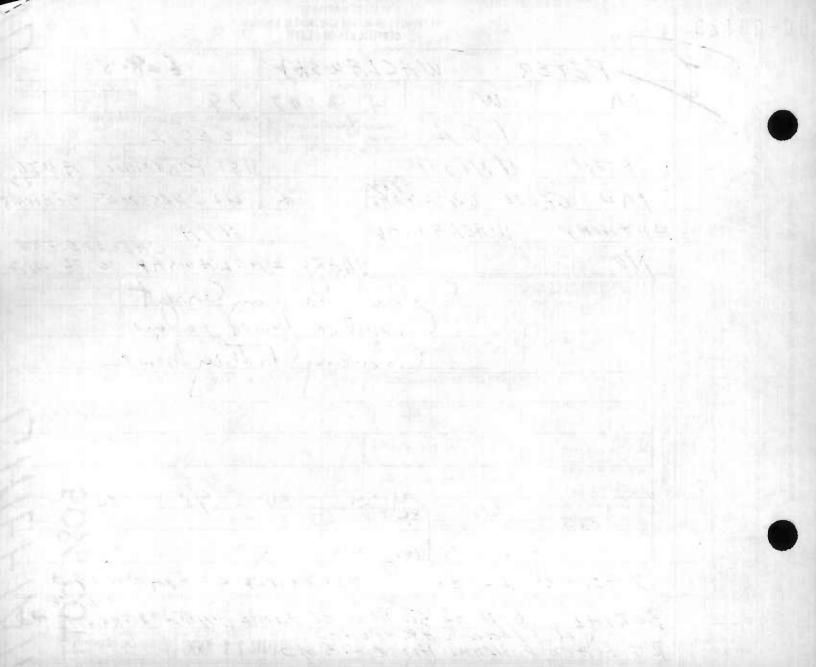
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0 5 H		CE PRINT	-	-	< "	1	20. DATE OF DEATH	MUNIH DAT		26 HOUR
1	-	John	/	-	24	res		6 2	86	8:43 AM
-	3, 58		A. RACE		5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS
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12 / G	7o. B	RTHPLACE ITATE OFFICE ION	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
6 (2/	Ne	ew York	U.S.A.		WIDOWE		1 00	/	60	MD.
1 1/	10:0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
1 006	1	- 1K TOWI	UNION	Hospital	of Ce	cil County	Carpenter		Bldg.	Trade
1 2/	USU	AL RESIDENCE (IF NURSING HOME				THE INICIDE CITY LIMITED	Lia CERCET ADDRESS	/ 7ID CODE	40	THISLI
146	1055	PART CONTRACTOR OF THE PART OF	CASTLE	NEWARK	N	YES X NO	13e.STREET ADDRESS		110	2713
1/1	W.F	ATHER'S NAME		M-E		15. MOTHER'S MAIDEN N		.c.a na.	, 10	7713
2/1/10	1	JOSEPH	WEIGH	SYKES	118	MARY	MIDDLE	-	IBLIN	
5	-	WAS DECEASED EVER IN U.S.	ARMED FORCES?	116b SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	DECC		
Page		YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)				Cl 222 r	1971		37
i i				068 10 3		Margaret A.	Sykes,322 I	Deeriiei		
ent, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY:	r line for (a), (b), one		+			BETWEEN OF	MATE INTERVAL DISET AND DEATH
e e		IMMED	ATE CAUSE (0)	Cardiac	0.000	125				
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E a		couse (0), stoting the	DUE TO, O	R AS A CONSEQUE	NCE QF	1 1				
or ath		underlying couse lost.	(c)_	Probable	perfor	ated bowel				
7.	-	PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
L 100	CERTIFICATION	chranic s	Jacoid T	Leccoy.	Empye	ema chrani	¿ obstructi	ue wy	L dised	الماد
E 0 1	S	190. DATE OF OPERATION	196. COND	ITION FORWHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	VERE FINDING	GS USED
it pe	F						YES NO	YES [NO [
Hygie 18 sho	Ü	210. ACCIDENT WAS UNDERLYING		FINJURY .M. MONTH DA	V YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PART	I OR PART 21	
Mental	N N	OR CONTRIBUTING CAUSE OF E	EXIII	.M.	19					
0 //	MEDICAL	21d. INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR I	OWN	COUNTY	STATE
Ith and larked	2	WHILE NOT WHILE AT WORK	(AT HOME SI	REET, FACTORY, OFFICE, F.	ARM, ETC.)	SIRCET	CITOR	OWN	COOMIT	STATE
and		22a.1 certify that (I) (this has	pital) attended th	ne deceased from_	,4	5-23 19 8	6 to 6	-2 19	86	hot (1) (we) lost
of H		sow the deceased alive a above, (1) (we) (did) (did	on6~		36 , on	d that in (my) (our) opinio	n death occurred on the	date and hour o		
ept.		226. SIGNATURE	or view the body	offer deoff		DEGREE			22c. DATE S	IGNED
- <u>-</u>		Ra	1	-(3)		ATTENDING		AFF		86
TANT: I	1	22d. PHYSICIAN'S NAME LTYP	OR PRINT)			PHYSICIAN 226. ADDRESS	DIRECTOR PHYS	CIAN	16-2	00
5 - CK		Kinham	1	1.110	1+	F1	KT71/	n	-/	
WPO (MPO		1) ICHAKO	J.	MCKHI		66	1000		q_	
4	730	BURIAL, CREMATION, REMOVA	6/5/86		AME OF CE	METERY OR CREMATORY	Wilmingto	n Nors	Castl	le Dë.
		INTERNAL DIRECTOR				1				
60M 7/84	74_F	JNERAL DIRECTOR Hicks	Home fo	r Funera	is, El	kton, Md. 250 D	ATE REC'D. BY REGISTRA	PLAN PER	R'S SIGNATU	andelle
15, 4)		Teat	KM	C. No	AD)	e)	0114 1300	d'and but	14004 - 3	



STATE OF MARYLAND



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	e p	C & 10		CEASED NAME FIRST OR PRINTIPE PETE	R WI	ACLAWS	SAL	***	AY 86 26 H	HOUR
	noy	bod ar de	3.807	1111	4 RACE	5. DATE OF BIRTH	///	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UN	NDER 24 HRS
	96 4	rector, page 3 urs after death		11	W	MONTH SAY	8ª7	79 YRS.	ONTHS DAYS HOU	RS MIN.
	oth. Po	72 Feron di		COUNTRY A	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	44.0
	er de	ed the	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INST		12a. USUAL OCCUPATION	12b. KIND OF BUS	INESS OR
201	ars of	P P P P P P P P P P P P P P P P P P P	15	LATEH	(IF NOT IN SUCH SACILITY, GIVE STREET			THE THOUSE OF WORK FOR MOST OF MORKING LIFE	INDUSTRY A	UTO
YLAND 21201	24 hou	Milled in	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	NAME TES TES	NO IT	130. STREET ADDRESS	12/5	PRINGS
YIA	J. ig		14 FA	THER'S NAME	MIDDLE & A LAST	15. MOTHER'S	S MAIDEN NAM	Æ	21	,
MAR	p d		A	HTHONY	WACLAW	sty	FIRST	H/A	LAST	
NORE,	execu	Pages 1	16a V	VAS, DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMA	ected in	ADDRESS #	ESAPPI	TRE
LTIM	e pe	0 % 0		790		VASTIL	7 101	ACLAWSAY	APPROXIMATE II BETWEEN ONSET	INTERVAL
1., 8	triticat	physici inpapel imaval.	115	PART I. DEATH WAS CAUSE	nty one couse per line for (b), on ED BY: TE CAUSE (b)	Din Viel	mare	- Cerrent	BETWEEN ONSET	AND DEATH
ONS	th cer	nding corbo , or re		II-MAILE OF	DUE TO, OR AS A CONSEQU	NCE OF A	1/	CYTO.		
PRESTON	dea	he offe emave emotion	100	Conditions, if any, which gove rise to immediate	(b)	ngeslive	Heo	in Jakene	100	
*	hat the	by 1		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NO MAN	di	Alm Denon	2	
5, 20	res	signed sen plea s buria ury, ar	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REPAILED	TTO THE TERMI	NALDISEAST OF CONDITION GIVE	N IN PART Tro-	
RECORDS	regu	t. The	TION)	U	15.55	
IL REC	he low	hos be ene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS U YING CAUSES OF DI	JSED EATH?
VIIV	NA.	tificate hitransit all Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	AY YEAR 21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
Ö	Sic	the trio	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
DIVISION OF	0	After this as the bull thand M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATIO	JN	CITY OR TOWN	COUNTY	STATE
٥	NON.	OR: Af USE O Health			ital) attended the deceased from	HIJA	1976	_, to	-	(we) lost
	ATTE	2 0 0 1			ot) view the body ofter death.		Jour) opinion di	eoth occurred on the date and hour		
	AL OR	AL DIREC detached ore Dept. IT: If them		22b. SIGNATURE	Karl She	DEGREE A	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	FD
		FUNERAL bid be det to the Store ORTANT:		274 PHYSICIANS MAME ITTE		22e ADDRES	S		100 -	
	O HO	TO FUNERAL I should be deta with the Stote (IMPORTANT: If) 02 ELH G	LAHZI			EST. ELATO	4171	
	-	3P	230 B	URIAL, CREMATION, REMOVAL	236 DATE 236.1	NAME OF CEMETERY OR C	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
			24' FL	INERAL DIRECTOR LESS	Filteren CHE	APAANE	25a. DATE	REC'D. BY REGISTRAR 256 REGISTE	AR'S SIGNAMIRE	1080
		H - 16 50M 4/B2 VRA 15, 4)	R	FARD	FUNKATAL HO	MR City	modul	N 1 1 1986 Julia D	migon-Mark	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATO REGISTRAR L DECEASED NAME TO DATE KNOWN X MONTH CTYPE OR PRINTS OF ESTI-DEATH MATED Michael Walker 13/10 86 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR 1 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 1983 DEAD 13/19 86 PM TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY TISA Maryland Cecil County, WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! None Union Hospital of Cecil Co. Elkton 12 First Maryland Cecil 13d INSIDE CITY LIMITS?
YES NOT NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Delbert Patricia Ferrell. Delbert E. Walker Jr. 12 1st St. lée. WAS DECEASED EVE R IN U.S. ARMED FORCES? None No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning MAMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (0) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO T 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH P.M. 6/ 13/19 86 subject drowned TIE PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK North East River, North East Md. river Autopsy X 22a. I certify that I took charge of the remains described above, held on and in my opinion Accident X Suicide Homicide Undetermined monner Assistant 6/14/86 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. 13c. NAME OF CEMETERY OR CREMATORY Burial 6/17/86 White Clay Creek Newark, New Castle 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

des l'intra de l'intra Tomos denos aparatas estados de descrito d

Surfat . I sy F/18 | Thite Die; Smode , Menney, how Beatle, Del.

08882	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF HI	OF MARYLAND EALTH AND MENTAL I CATE OF DEATH	HYGIENE 8	6 REG. NO	1 7	3	3 0	
00002		CEASED NAME	FIRST	٨	NODLE	i.	ST	20. DATE	OF DEATH "	AONTH DAY	YEAR	2b. HOUR	
y be			HENR		н.		LITERS			1986		12:00 nc	
де 4 то	3. SE:	Male		White		5. DATE O	BIRTH 1932		4		UNDER I YEAR	HOURS MIN.	
eoth. Pog		RTHPLACE ISTATE OR F	OREIGN .7	76. CITIZEN OF V	A .	MARRIED	NEVER MARRIED	2	AORECITY <u>OR</u> Cecil		FDEATH	MD.	
s offer d		erry Point		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA Medical Center			R OTHER INSTITUTION	(TYPE OF W	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Labor.		126 KIND OF BUSINESS OR INDUSTRY Const.		
IIII d III	13a S	AL RESIDENCE (IF NURS	13b. COUN	TY	GIVE RESIDENCE BE 131. CITY OR T North	OWN	136 INSIDE CITY LIMITS	? 13e.STREE	t ADDRESS /		2190	1	
de d	4 FA	THER'S NAME FIRST AUS	tin W	Malters	LAST		15. MOTHER'S MAIDEN NAME FIRST Ethel Simpler's				LAST		
th and co		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes		WAR OR DATES)	166 SOCIAL S 213-14	1-1408	Betty Hi		RATES		Ave. 19901	MATE INTERVAL DNSET AND DEATH	
that the death cer d by the attending lease remove carbo ial, cremation, or re or other traumatic	NOI	Conditions, if any, gove rise to imm cause (a), statin underlying cause	which nediate g the last	(b) DUE TO, OF	R AS A CONSE	QUENCE OF	ary arrest						
Then part to bur		PART 2 OTHER SIGN	HIFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR COND	ITION GIVEN	I IN PART 1:0		
ion. It permit iene price	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AL	NO NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?	
this certificate the burial-transit and Mental Hygi edor Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT CAL EXAMINER)	P./	M. MONTH	DAY YEAR 19	211. HOW INJURY OCC	CURRED (ENTER	CITY OR TOW		COUNTY	STATE	
CTOR: After for use as the of Health a	~	WHILE NOT WHAT WORK 220 1 certify that (5)	(this hospite	al) attended the	e deceased fro	m <u>May</u> 3	d that in (my) (aur) apin	86_, to_	June 4	, 19 te and haur o	86 , and from the	causes stated	
FUNERAL DIRECTORECTORY THE State Dept.		22b. SIGNATURE 22d. PHYSICIAN'S NA		me gu	· Olay	12	PEGREE ATTENDINI PHYSICIAN 220 ADDRESS	G MEDICA	AL STAFF OR PHYSICI		22c. DATE	SIGNED	
to FUNERA shauld be di with the Sta		M. N. A					VA Medica	1 Cont	na Dose	D-i			

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(VRA 15, 4)

Cremation

R.A. Ferris

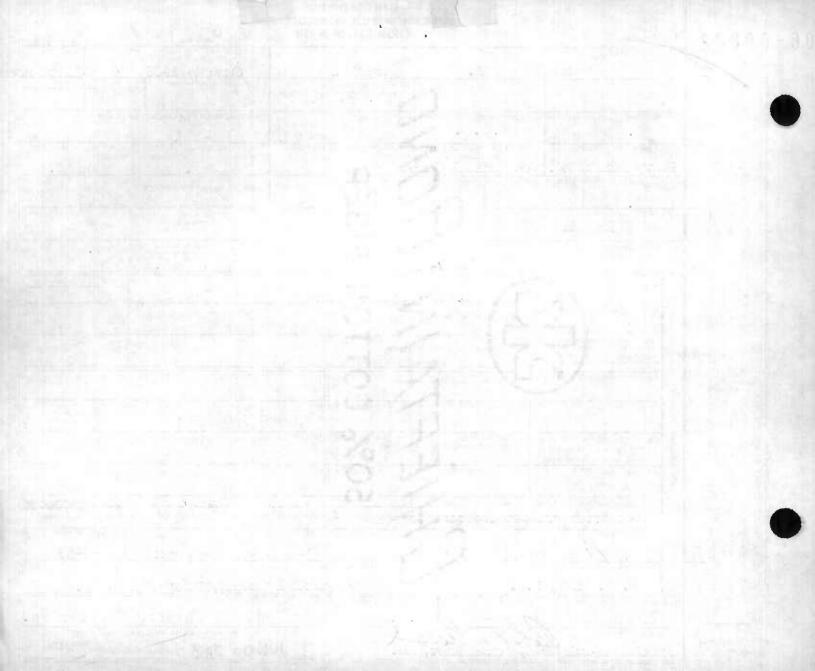
West Chester Chester Pa.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR Crouch Funeral Home, North East, Md.

JUNO

Julia Davidson-Handelle



STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR			CERTIN	ICAIL OF DEATH	R	EG. NO.				
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEA	нгиом НТА	DAY YEAR	26. HOUR		
	(ITPE	GEORGE		ZIM	MERER		JUNE 16	, 1986		9:03P M		
	3. SEX	Can be	4. RACE 5. DATE			OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24	4 HRS	
-		MALE	WHI	TE	MA	PCH 26, 1922	64	YRS	MONTAS DATS	HOURS	MIN.	
10	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH			
00	Ì.	BALTO. MD.	4.5	·H.	WIDOWE	DIVORCED	CE	CIL C	0,		MD.	
30	10 CH	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	126 USUAL OCC	UPATION MOST OF WORKING	12b. KIND O	F BUSINES	SOR	
3		RRY POINT, MD	VA MED	ICAL CENT	ER		MEAT	CUTTER	- 110001111			
5	13a. S	mD. CEC		BELA		13d. INSIDE CITY LIMITS? YES NO P	514 80.	RESS / ZIP COD	SA DR	101	4	
7	14. FA	THER'S NAME SFIRST	MIDDLE ORGE	ZIMME	TRER	MARY		DOLE	ULRI	CH		
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	- (ADDRESS		-,,		
	{Y	ES. NO OR UNKNOWN) (18 YES GIV	WAR OR DAYS	216-12-6	757	/	FAMILY	RECO	EDS.			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	n RV.						BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Н		IMMEDIA	E CAUSE (o)	CARDIO-PU	LMONA	RY ARREST						
		DUE TO, OR AS A CONSEQUENCE OF										
	-	Conditions, if ony, which ((b) ARTERIOSCLEROTIC CORONARY VASCULAR DISEASE										
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying couse lost.										
		PART 2 OTHER SIGNIFICANT	VEN IN PART 1	>								
	OF N									E 22		
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY	S, WERE FINDIN		1?		
and it	RTIF						YES NO	ES [
3		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)			
1	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES		M.	19	No. of the last of						
	ED	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM STC V	21f. LOCATION	CIT	YORTOWN	COUNTY	STA	ATE	
	×	WHILE NOT WHILE AT WORK	(A) HOME, SI	CELL, PACTORY, OFFICE, P.	nam EIC)							
		220.1 certify that X (this hospi	tal) attended th	e deceased from_	JUNE	11 19_86	toJUN	E 16	19_86	that 3th (we	e) lost	
		saw the deceased alive on										
н	311	226. SIGNATURE DEGREE								SIGNED /		
9		taul "	rilde	way 1	MEDICAL DIRECTOR F	STAFF PHYSICIAN (2)	- 6/	16/8	6			
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	1/		22e ADDRESS		,				
	2	PAUL SIDDOWAY				VA MEDICAL O	CENTER, P	ERRY POI	NT, MD.			
	23a B	URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATIO	N DWN	CQUNITY ,	sta	NE X	
	1	SURIAL	JUNE	20,06 BE	LHIK	-MEM. GARD	S BEL	- AIR (CECILO	0. 1	10-	
		UNERAL DIRECTOR	0107 74	ADDRESS	1.00	25a DA	TE REC'D. BY REGIS		JRAR'S SIGNAT	HELDER	49	
	1	EVANS FUNERAL H	OME, PA	KKVILLE,	MD.	JU	N 23 198	O COMBINE	204 Supplies		3	

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